



How does community involvement in decision-making impact on wellbeing?



## the big idea

This briefing is based on a [systematic review](#) of joint decision-making.

Joint decision-making initiatives can increase wellbeing in a number of ways, when looking at interventions such as community involvement in urban renewal projects, co-production in public services and participatory budgeting.

As well as improving social and physical conditions, initiatives that involve meaningful participation from the community can improve relationships between people, connectivity, belonging, individual wellbeing, and mental health.

An initial [scoping review](#) identified some key gaps in our understanding of the relationships between power and wellbeing in a community setting.

In particular, we don't know enough about what 'meaningful' involvement looks like and how any such involvement positively or negatively impacts on wellbeing outcomes.

“

Trying to make a better society by getting involved with society.

”

Public dialogue participant  
Belfast

[Read the Centre's Public Dialogue](#)

We sifted through 16,000 studies

and 29 were included

that met the following criteria

- Be interventions that meaningfully involved community members in decisions that could change the material and/or social conditions in which they live.
- Examine the health or wellbeing related impacts of the intervention.
- Include either quantitative or qualitative evidence.
- Be based in a high-income (OECD) country to increase the likelihood that the findings would be relevant to a UK setting.
- Be published in English between 1980 and 2017.

In partnership with:



HM Government

Community Wellbeing Evidence Programme  
What Works for Wellbeing  
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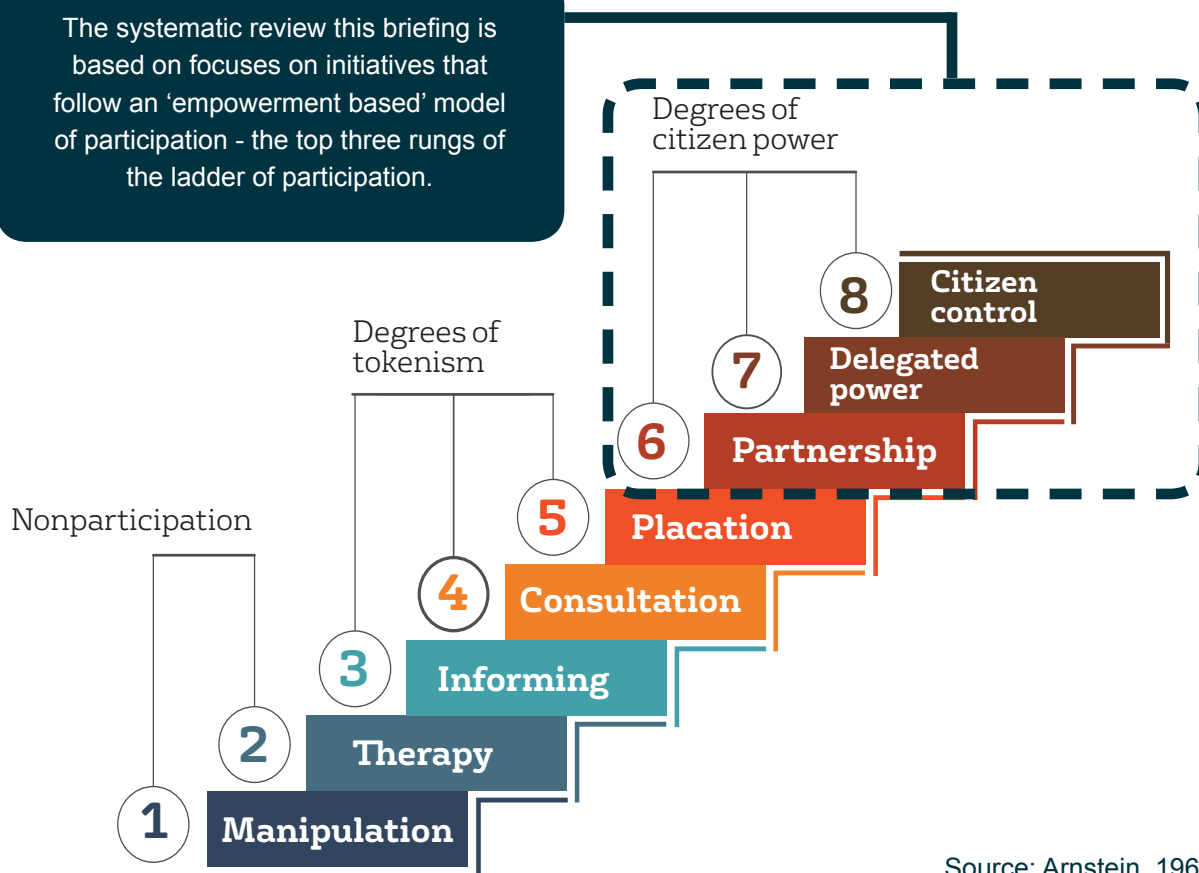
## concept explained

**Joint decision-making** is the meaningful involvement of local people in decisions that protect, maintain, or enhance the material and social conditions in which they live.

### What types of participation are we looking at?

Not all initiatives which seek to increase citizen participation actually involve the meaningful transfer of power and control to participants.

The systematic review this briefing is based on focuses on initiatives that follow an 'empowerment based' model of participation - the top three rungs of the ladder of participation.



Source: Arnstein, 1969

### What does meaningful involvement look like?

The extent to which involvement is meaningful is closely related to the type of wellbeing outcomes experienced by people involved.

There are four principles of meaningful involvement:

1. Power is agreed and acknowledged as being held jointly by all people involved.
2. There is active and full involvement in all decisions that impact upon the intervention or project.
3. Potential barriers to access and participation (including income, education, gender, ethnicity, age, illness, disability, language, and caring responsibilities) are acknowledged and tackled.
4. When appropriate and desired by the community, there is full and active involvement in the implementation of the intervention in the community.



## what evidence did we find?

### Key messages: the five minute read

**There are a range of potential benefits from community involvement in decision-making, for both participants and their wider communities.**

Joint decision-making interventions can be successful in deflecting threats to the local (living) environment, maintaining and enhancing local conditions, resisting 'hollowing out' of neighbourhood services and facilities, and attracting resources to create better places to live.

The beneficial impacts identified were on a wide range of established social determinants of health and wellbeing, including the physical conditions in which people live, social relationships, individual physical and mental health, community health, individual wellbeing, and community-wide levels of wellbeing.

However, when done poorly, joint decision-making processes can have negative impacts, including frustration and loss of trust. The implementation of meaningful engagement across the whole process is closely related to the likelihood of experiencing positive outcomes on wellbeing (see box below).

What's the difference between our scoping and systematic reviews?

Our scoping review looked at all the existing reviews of evidence. It identified key research gaps and limitations in the review-level evidence.

Our systematic review then looked at the findings from primary-level evaluations and studies, using the inclusion criteria that was developed in the scoping review stage.

### **Joint decision-making interventions can also have negative outcomes for individuals and communities**

As well as identifying a range of potential beneficial impacts of community involvement in decision-making, just over half of the studies (15 of 29) also provided some evidence of potential negative impacts.

These negative effects come about because of perceived problems in the involvement process, including:

- Participants not being properly informed about how their involvement impacted on the final design and implementation of the project
- Disagreements and conflict within and between participants, or between participants and the wider community.

The types of negative impact included: frustration, disappointment, loss of trust, consultation fatigue, psychological strain, and distress.

Fortunately, the causes of these adverse outcomes are amenable to change and improvement through more careful and considerate design and implementation of the joint decision-making processes.



The full technical report is available at:  
**[whatworkswellbeing.org](http://whatworkswellbeing.org)**

Pennington A, Watkins M, Bagnall A-M, South J, Corcoran R (2018) A systematic review of evidence on the impacts of joint decision-making on community wellbeing. London: What Works Centre for Wellbeing



## what evidence did we find?

### Involving communities in urban renewal



**May improve the wellbeing of those participating in decision-making, and the wellbeing of the wider community.** It may also lead to greater improvements in the physical environment in which people live, enhanced social connections, improved sense of community, reduced social isolation, improved (individual) physical health, and improvements to individual wellbeing such as reductions in levels of depression.

### Community development projects



**May improve the wellbeing of those participating in decision-making, and the wellbeing of the wider community.** Community involvement may improve local services, social relations, confidence and skills, and participants sense of pride in and belonging to their community.

### Participatory budgeting



**Involving communities in decision about how local public budgets are spent may improve the wellbeing of those participating in decision-making, and the wellbeing of the wider community.** It can enhance peoples' trust in local authorities and their sense of belonging to their community. It may improve social determinants of health, social relations within communities, and relationships between the community and public agencies.

### Citizens' juries



**May increase participants' sense of pride and belonging to the community.**

### There are three types of evidence



#### strong

We can be confident that the evidence can be used to inform decisions.



#### promising

We have moderate confidence. Decision makers may wish to incorporate further information to inform decisions.



#### initial

We have low confidence. Decision makers may wish to incorporate further information to inform decisions.

### Qualitative or quantitative evidence?

Where you see the following symbols it indicates:

#### QUANTATIVE



#### QUALITATIVE



Strong, promising and initial evidence refer to high, moderate and low quality evidence / confidence as per GRADE and CERQual guidance. For further information on these classifications, please see the Centre's [Methods Guide](#).

All evidence should be considered alongside questions of possible benefits and risks, affordability, acceptability, feasibility and wider impacts, including equity issues, in the user setting. Where the evidence is less strong, these other considerations become even more important.



## what evidence did we find? (cont.)

### Protecting community facilities



**Community members working together - along with local authorities; voluntary, community and social enterprise organisations; and private businesses - to save and enhance community facilities may benefit their health and the health of the wider community.** This may enhance social determinants of health, improve social relationships within the community, and improve individual and community wellbeing by reducing isolation and building social networks.

### Involving communities in integrating public sector service design/delivery, including to tackle local issues such as crime and homelessness



**May improve the wellbeing of those participating in decision-making, and the wellbeing of the wider community.** It may improve social determinants of health, and the wellbeing of individuals, for example, levels of satisfaction or trust.

### Participating in crime prevention programmes



**May reduce levels of crime, and fear of crime.** It may also improve social relations within the community.

### Why is there no evidence for my activity in this review?

There is a lot of existing evidence about community involvement in decision-making.

This review, however, focussed specifically on a relatively small number of studies on projects that meaningfully involved communities in decision-making and evaluated wellbeing outcomes.

Only studies that met our strict inclusion criteria were included in the systematic review.

One feature of the evidence on participation that we used for this review is that the language used in projects sometimes didn't match the reality of what was delivered. So, although a project may have intended to involve people in a meaningful way, the activities carried out fell short and were lower down on the ladder of participation shown above.



## Evidence gap

**We need to know more about how experience differs between socioeconomic groups and protected characteristics.**

Most of the included studies focussed specifically on interventions designed to increase the involvement of economically disadvantaged groups in decision-making, although the interventions they helped design were often targeted at a wider range of vulnerable groups. Unfortunately, most studies did not compare differences in impacts between high and low-income groups.

Only one study compared the impacts of decision-making processes on disabled people in comparison to non-disabled people, finding that negative impacts (e.g. frustration, consultation fatigue) were experienced more by disabled people compared to non-disabled people.



## Evidence into action

Policy makers can remove barriers and provide assistance that enable and empower communities in decision-making, for them to initiate, design and deliver change for the benefit of community wellbeing.

Deliberate meaningful involvement can maximise the beneficial wellbeing impacts of community decisions and minimise any adverse impacts and inequalities resulting from ineffective involvement.

### **Communicate clearly and transparently**

Create clear and transparent arrangements for partnership working.

Be open and realistic about what can and cannot be achieved, and about how long delivery may take.

Carry out good communication and monitoring, and provide feedback to participants on what has and has not been delivered.

Share learning and examples of best practice.

### **Provide training and support**

Provide training and ongoing support to community participants and staff from public agencies engaged in joint decision-making.

### **Develop organisational culture and commitment to empowering communities**

Promote full commitment to partnership working at all levels of organisations and make it a responsibility for all.

Allow the community participants greater control over the 'rules' and processes of participation.

Trust the process of involvement and the ability of participants, and be prepared to relinquish control to communities.

Deliver the plans that communities help to develop

### **Timing and accessibility of involvement**

Involve communities from the start, so they are involved in all key decisions and to promote a sense of ownership.

Maintain involvement of both communities and public agencies throughout.

Identify and address barriers to communication and involvement for all participants (e.g. physical barriers; financial barriers; literacy, numeracy and language barriers; cultural barriers; barriers relating to caring responsibilities and time/availability to participate).

Allow community participants greater flexibility to engage.

### **Capturing learning from joint decision-making processes**

There should be monitoring, measurement and evaluation of projects to include people's experiences of the processes of joint decision making, as well as the health and wellbeing outcomes.

This will ensure that we cement learning and build a knowledge base of best practice in this area.